

CLAYTON COUNTY JUDICIAL CIRCUIT

MEDICAL AFFIDAVIT

(NOTE: ALL SECTIONS MUST BE COMPLETED, INCLUDING SIGNATURES)

Juror Name _____ Juror # _____

Jury Service Date _____ Return By _____ A.S.A.P. _____

PHYSICIAN, PLEASE COMPLETE SECTION 1 OR 2 (NOT BOTH)

Personally appeared before me, the undersigned witness, _____ who, under oath states
(Physician's Name)
as follows:

(1) Patient, _____, is currently being treated by me for _____
_____. In my medical opinion said patient is permanently disabled and should not be considered for jury service, now or
in the future. (Juror will be permanently deferred.)

OR

(2) Patient, _____, is currently being treated by me for _____
_____. The expected recovery time is _____ (days, weeks, or months -- **Indefinite time
is not acceptable**) and could be considered for jury service at that time. (Juror will be deferred for the length of time specified, provided
that the length of time falls within the utilization of the current state-wide master jury list which is revised July 1 of every year.)

PHYSICIAN'S SIGNATURE

PRINT PHYSICIAN'S NAME

PHYSICIAN'S PHONE NUMBER

Sworn and subscribed before me this _____ day of _____, 20____.

WITNESS (not necessarily a notary public) & TITLE

(Someone working in the doctor's office such as nurse, receptionist, etc.)

**RETURN TO: JACQUILINE D. WILLS
CLERK SUPERIOR COURT
JURY DIVISION
9151 TARA BOULEVARD, 1JA09
JONESBORO, GEORGIA 30236-4912
770-477-3400; 770-477-4519 (fax)
Email: juryclerk@co.clayton.ga.us**

****PLEASE NOTE: YOU MAY FAX THIS
FORM, BUT PLEASE SEND THE ORIGINAL
FORM VIA US MAIL SERVICE. THE
ORIGINAL FORM MUST BE RECEIVED &
RETAINED BY THIS OFFICE.